

03500.014529.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Stanetta D. Isaac
Yukiko IWASAKI, et al.)	
	:	Group Art Unit: 2812
Application No.: 10/669,002)	
	:	
Filed: September 24, 2003)	
	:	
For: PROCESS FOR PRODUCING)	
SEMICONDUCTOR MEMBER,	:	
PROCESS FOR PRODUCING)	
SOLAR CELL, AND ANODIZING	:	
APPARATUS)	June 24, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 26, 2004, please amend the
above-identified application, as follows:



IPW

In re Application of:

Docket No. 03500.014529.1

Yukiko IWASAKI, et al.

Application No.: 10/669,002

Examiner: Stanetta D. Isaac

Filed: September 24, 2003

Group Art Unit: 2812

For: PROCESS FOR PRODUCING SEMICONDUCTOR
MEMBER, PROCESS FOR PRODUCING SOLAR
CELL, AND ANODIZING APPARATUS

Date: June 24, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

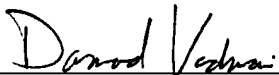
☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	7	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145°/\$290						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Damond E. Vadnais
Registration No. 52,310

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DEV/vc